

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/542983
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	2		1			
9	2		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	1					
28	1		1			
29	1					
30	1		1			
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	8					
39	8					
40	8					
41	8					
42	8					
43	8					
44	8					
45	8					
46	8					
47	8					
48	8					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	4					
60	1					
61	1					
62	4					
63	4					
64	1					
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓	1	↓		↓
TOTAL DEP.	170	←	19	←		←
TOTAL CLAIMS	174		20			